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Agent Name:

Contact:

Agent Address:

Phone #

## Rural Water Company Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

Web Address \_\_\_\_\_

Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

Applicant is ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

### UNDERWRITING INFORMATION

1. What is the name of the watershed or district? \_\_\_\_\_

Provide your USGS Cataloging Unit Number. \_\_\_\_\_

2. What is your water source? ☐ Well ☐ Reservoir ☐ River ☐ Other \_\_\_\_\_

Explain: \_\_\_\_\_

3. Do you maintain a dam? ..... ☐ Yes ☐ No

If yes, provide complete details and **attach** a copy of the most recent inspection report completed by the Army Corps of Engineers or similar independent governing body.

4. What is the total number of residential customers? \_\_\_\_\_

5. What is the total number of commercial customers? \_\_\_\_\_

6. What is the total number of miles of pipe maintained within this district? \_\_\_\_\_

7. Who is responsible for the service and repair of the pipe? \_\_\_\_\_

8. What is the pipe construction? ☐ Cast Iron ☐ Clay Pipe ☐ Other \_\_\_\_\_

9. What chemicals are used for water treatment? \_\_\_\_\_

10. Do you add fluoride to your water supply? \_\_\_\_\_

11. Do you contract with outside sources to provide water testing and quality control? ..... ☐ Yes ☐ No

If yes, provide details. \_\_\_\_\_

How often is the water tested? \_\_\_\_\_ And by whom? \_\_\_\_\_

12. How long do you maintain records? \_\_\_\_\_

13. Where are testing records kept? \_\_\_\_\_

14. Do you have procedures in place in the event of a natural disaster or other emergency? ..... ☐ Yes ☐ No

**Attach** a copy of your plan for our file.

15. Does the district comply with all local and state ordinances for water quality? ..... ☐ Yes ☐ No

Explain: \_\_\_\_\_

16. Are all sites secured against trespassing and vandalism? ..... ☐ Yes ☐ No

Explain: \_\_\_\_\_

**UNDERWRITING INFORMATION (Continued)**

17. Are any recreational activities (hiking, camping, swimming, boating, fishing, etc.) permitted on your property? .... ☐ Yes ☐ No  
If yes, explain. \_\_\_\_\_

18. What construction operations do your employees perform?

☐ Well Drilling ☐ Hookups ☐ Main Installation ☐ Other \_\_\_\_\_

Give Details. \_\_\_\_\_

19. Do you use a contract with all subcontractors that require you be named as an Additional Insured? ..... ☐ Yes ☐ No

If yes, **attach** copy of your contract.

20. Provide complete description of all work sub-contracted to others. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. Have you been cited or served with a violation notice within the past 3 years? ..... ☐ Yes ☐ No

Explain: \_\_\_\_\_

22. Have you entered into any contractual or utility easement that requires you to hold another party harmless?

..... ☐ Yes ☐ No

If yes, **attach** a copy of your contract.

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.